

# Governor's Behavioral Health Services Planning Council

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## *Summary of 2013 Subcommittee Recommendations*

*July 9, 2013*

The Governor's Behavioral Health Services Planning Council Subcommittees submit annual reports to the Council and the Secretaries of the Kansas Department for Aging and Disability Services, the Kansas Department of Corrections, the Kansas Department of Health and Environment, and the Kansas Department for Children and Families. This report provides a detailed summary of each Subcommittee's goals and recommendations for FY 2014.

### **AGING SUBCOMMITTEE**

- **Goal 1:** Promote Evidenced Based Practices for older adults with mental illness
  - a. Identify strategies to implement evidence based practices and recommend funding sources, including outreach services to underserved populations such as rural, frontier areas, minority groups, and homebound, frail and elderly.
- Revise and distribute mental health and aging newsletter to keep stakeholders informed on the mental health needs of older adults as well as existing programs and
- **Goal 2:** Increase accessibility to Comprehensive, recovery-oriented, individualized, community services for the diverse mental health needs of older adults in their own homes and communities.
  - a. Consumers will have consistent input and provide recommendations to the subcommittee on ways to enhance mental health services to older adults within the existing system Integrate Trauma Informed Care model into resources for aging consumers.
  - b. Support the Rural and Frontier Subcommittee in their efforts to solidify rural definitions in Kansas and ensure that the mental health needs of rural seniors are not overlooked.  
Support implementation of aging peer support models that address mental health issues and provide services to help older adults remain in the community
- **Goal 3:** Increase service providers to meet the mental health needs of the rapidly growing aging population
  - a. Collect co-morbidity data and develop a report identifying the number of people who have co-occurring mental health problems and dementia. Outreach CMHC Directors, AAA Directors, and relevant leadership and encourage development of collaborative partnerships to meet the mental health needs of older adults.

- b. Support new CMS regulations emphasizing reduction in anti-psychotic medications through participation in Dementia Care Partnership meetings.
  - c. Advocate and educate to remove the stigma of mental health treatment in nursing facilities.
  - d. Key stakeholders will remain informed on the mental health needs of nursing facility residents and the need for enhanced services that are limited by current restrictions.
  - e. Support development of educational programs for regional prevention centers to provide appropriate treatment for mental health issues co-occurring with dementia
  - f. Support gerontology and aging social work programs being qualified for loan repayment programs.
  - g. Support development of standardized training in aging social work programs as to -Functional Capacity screening techniques.
- **Goal 4:** Provide Education and Outreach statewide to consumers, stakeholders and the community at large regarding the mental health needs and services for older adults
- a. Subcommittee members will provide direct education and support throughout the state to enhance awareness of mental health and aging issues and reduce stigma towards services.
  - b. Revitalize Geriatric MH legislation by educating legislators on the need and cost of failing to address geriatric issues.
  - c. Establish partnership with ADRC site(s) and assure that geriatric mental health assessment is included as part of options counseling.
  - d. Provide education on older adult suicide and prevention throughout the state in collaboration with the GMHSPC Suicide subcommittee.
  - e. Integrate geriatric mental health issues into integrated care/health home models to maximize education and healthy living outcomes.
  - f. Provide education for nursing facilities on aging mental health issues and appropriate treatment protocols.
- **Goal 5:** Enhance mental health screening assessment and referral tools to service providers including aging and healthcare providers
- a. Include information in nursing facility newsletter (Sunflower Connection) promoting use of National Depression Screening Day toolkit
  - b. Collaborate with practicum students in colleges and mental health centers to help with depression screening activities.
  - c. Promote use of the Neuropsychiatric toolkit and dementia screening clinics.
  - d. Recommend mental health screening tools for ADRC site(s)

## **CHILDREN'S SUBCOMMITTEE**

- **Goal 1:** Develop recommendations to improve effective collaboration, communication, and coordination between CMHC's, schools, families and out-of-home placement settings.

- **Goal 2:** At the request of the GBHSPC the Subcommittee has added a representative from the Substance Use and Gambling division of KDADS. We will continue to include stakeholders and components of this initiative in our efforts to support families and children services across the state.
- **Goal 3:** At the request of the GBHSPC we have appointed an active member to the State Trauma Informed Task Force and to bring Trauma informed information to the Children's Subcommittee.
- **Goal 4:** Dialogue/feedback with larger counsel about our recommendations and goals moving forward.
- **Goal 5:** Continue to explore funding for youth participation, as well as from faith-based community groups, fatherhood initiatives, and additional parents.

## HOUSING AND HOMELESSNESS SUBCOMMITTEE

- **Goal 1:** The GBHSPC's Subcommittee on Housing and Homelessness (SHH) recommends that Kansas Department of Aging and Disability Services (KDADS) advance its housing plan *Creating Homes for Kansas (CHK)*. We recommend funding a \$300,000.00 pilot project, focusing on both urban and rural settings. CHK was modeled after *Tennessee's Creating Homes Initiative*. Within the span of eleven years, Tennessee secured over \$401 million from federal, state, local and private funders to create new housing options across a wide array from home ownership to 24/7 supportive housing. It is important to note that the *Tennessee Creating Homes* model reduced re-hospitalization rates by 95%. A pilot project would allow us to learn how to adapt the Tennessee model to meet the needs of Kansans.
- **Goal 2:** The GBHSPC's Subcommittee on Housing and Homelessness recommends that KDADS-BHS in cooperation with Kansas Housing Resources Corporation (KHRC) and other partners continue exploring the development and implementation of standardized training and certification standards for CMHC Housing Specialists. More specifically we recommend that KDADS-BHS:
  - a. Continue educating CMHC housing specialists about current federal, state and local housing programs and issues regarding homelessness.
  - b. Work to expand capacity of housing specialists to serve transitional youth as well as adults living with SMI and/or substance use disorders.
  - c. Work with the housing specialists to implement Evidence Based Practices (EBP) Supported Housing statewide.
- **Goal 3:** The GBHSPC's Subcommittee on Housing and Homelessness applauds KDADS-BHS efforts to advance the provision of SOAR (SSI/SSDI Outreach, Access, and Recovery Program) statewide. SOAR is a federal program that helps states and communities increase access to Social Security disability benefits for people who are homeless or at risk of homelessness and have a mental illness or other co-occurring disorders. All 50 states are using the SOAR approach and collectively, they have a 66% approval rate. From November 2009 to May 21, 2013, the SOAR Across Kansas Initiative received 424 decisions from Disability Determination Services with 336 approvals and 88 denials which is a 79.25% allowance rate. Without SOAR, studies show that the approval rate

for people who are homeless is 11%. To further Kansas' success, we recommend that KDADS-BHS:

- a. a. Continue supporting the provision of training for SOAR case managers;
  - b. b. Encourage CMHC administrators to assign and allow staff to prioritize provision of SOAR services;
  - c. c. Explore funding options for non-CMHC service providers to assist applicants using the SOAR approach.
  - d. d. As part of the GMHI Regional Model, the subcommittee recommends regional SOAR case managers for statewide access.
- **Goal 4:** To reauthorize the Interagency Council on Homelessness Executive Order by one of the following actions:
- a. Executive Order of the Governor
  - b. Executive Order and Legislative Action
  - c. Legislative Action

## **JUSTICE-INVOLVED YOUTH AND ADULT**

This subcommittee, which replaces the previous Forensic Subcommittee, will convene for the first time in July 2013, so there are no recommendations at this time.

## **KANSAS CITIZENS' COMMITTEE ON ALCOHOL AND DRUG USE**

- **Goal 1:** Research and recommend best practices for Substance Use Disorders Treatment, Prevention, and Problem Gambling Services.
- **Goal 2:** Research gaps and make recommendations for the expansion and increased availability of Substance Use Disorder Treatment, Prevention Services, Problem Gambling Treatment Services, Recovery Oriented Systems of Care including Peer Mentoring Services and Training.
- **Goal 3:** Support integration of care for Behavioral Health Services.
- **Goal 4:** Recommend ways to increase Substance Use Disorder treatment provider workforce, as needed.
- **Goal 5:** Develop plan and recommend implementation of a repayment structure for student loans for individuals who serve then (10) years in the Substance Use Disorder treatment workforce as counselors, program administrators, and faculty that teach Addiction Counseling Curriculum, or in combination of these three.
- **Goal 6:** Provide information regarding and promote the system of Substance Use Treatment, Prevention, Problem Gambling treatment, and Substance Use Disorder Peer Mentoring Services in Kansas

## **RURAL & FRONTIER SUBCOMMITTEE**

- **Goal 1:** State wide Adoption of the KDHE Frontier through Urban Continuum Definition by Executive Order or by legislative action.

- **Goal 2:** The GBHSPC has requested that the subcommittee research what telemedicine technical assistance is offered nationally, what is presently being used and/or has been tried in the state and its usefulness, and what opportunities and services would be beneficial to Kansas.
- **Goal 3:** Continue to broaden membership.
- **Goal 4:** Explore avenues of strengthening community collaboration surrounding the provision of behavioral health services.

## SUICIDE PREVENTION

- **Goal 1:** Review and update Suicide Prevention State Plan with statewide input.
  - a. Convene a statewide ad hoc committee to review and update the state plan using the State Suicide Prevention Planning: A CDC Research Brief and National Strategy for Suicide Prevention 2012 as a blueprint for success.
  - b. Seek consultative services from the Suicide Prevention Resource Center (SPRC) and Alaska to provide guidance in the planning process.
  - c. Promote kick-off of state planning in July 2013 in Hays, Kansas, in conjunction with Kansas Youth Suicide Prevention Summit sponsored by the Garrett Lee Smith funded Kansas Youth Suicide Prevention Program and co-sponsored by the SPS.
  - d. Finalize first draft of updated Kansas Suicide Prevention Plan by December 2013, with final version by June 2014
- **Goal 2:** Provide Suicide Prevention Awareness Presentations at Statewide Conference and/or Annual Meetings.
  - a. Identify and recruit panelists and speakers trained on suicide prevention, survivor loss and bereavement.
  - b. Form a Speaker's Bureau to train on a number of topics at workshops, conferences and/or Annual Meetings.
  - c. Workshops can be in the form of interactive panels, discussion groups, presentations, trainings or academic lectures.
  - d. Issues and topics will be tailored to meet the specific needs of the group. Education will be provided to community groups, law enforcement and other first responders, mental health providers, substance abuse services providers, and other health care providers.
- **Goal 3:** Create Kansas Suicide over the Lifespan Prevention Resource Center
  - a. Develop strategies to expand the scope of the Suicide Prevention Resource Center being created through the SAMHSA GLS-funded Kansas Youth Suicide Prevention to promote access to care and service capacity.
  - b. Research private and public funding opportunities at the federal, state and local level to secure \$100,000.00 to support implementation of these efforts.
- **Goal 4:** Inform public policy for suicide prevention in Kansas
  - a. Integrate suicide prevention into health care policies to address the need for better data on suicide attempts and utilization of medical and social services by

Kansans dealing with mental health needs, suicide ideation, suicide attempts and completed suicide by requiring hospitals to provide e-coding data.

- b. Develop strategies and policy recommendations to ensure confidentiality of consumers and family members in Rural and Frontier regions of the state.

## **VOCATIONAL SUBCOMMITTEE**

- **Goal 1:** Allocate funding from the Mental Health Initiative to make sure resources are in place to make IPS possible, with a commitment to job development.
- **Goal 2:** Amend the state's 1115 waiver to include Personal Care Services for Employment. Personal Care Services are authorized, defined, and periodically updated in the Federal Register (1997); such services are further defined in Section 4480 of the State Medicaid Manual (Health Care Financing Administration, 1999). Developing an IPS service array under the Personal Care Service Codes would end the confusion about what kinds of employment services can and cannot be billed under the 1115 waiver. CMHC's would have assurance of providing services that are authorized as IPS-SE that are consistent with the definitions contained in the Personal Care Services. Target population and Employment Services definitions suited to the IPS model would need to be operationalized. Expand eligibility for Personal Care Services to include those uninsured consumers who do not have access to Social Security benefits and whose income is less than 150% of the Federal Poverty level. This strategy is borrowed from other states like Wisconsin and Iowa.
- **Goal 3:** Require that CMHC's meet minimal standards of fidelity as measured by the IPS- SE Fidelity Scale.
- **Goal 4:** Require CMHC's that do not meet their employment outcome standard implement IPS-SE as part of their performance improvement plan.
- **Goal 5:** Consider providing mental health agencies grants from the State General Funds to offset costs to initiating and implementing IPS services in rural and frontier counties.
- **Goal 6:** Separate employment CPST billable services outside of the 100 hour CPST cap on Medicaid billable hours. Without some mechanism to encourage the provision of supported employment services, a decrease in the number of individuals able to participate in IPS-SE will continue. This was evident when Kansas Health Solutions (KHS) imposed caps on CPST services.